

**U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)  
30-DAY NOTIFICATION FORM  
PURSUANT TO 40 CFR PART 60 SUBPARTS AAA AND QQQQ  
2015 STANDARDS OF PERFORMANCE FOR NEW RESIDENTIAL WOOD HEATERS, NEW  
RESIDENTIAL HYDRONIC HEATERS AND FORCED-AIR FURNACES**

**Disclaimer:** The statutory provisions and the EPA regulations described in this document contain legally binding requirements. This document is not a substitute for those provisions or regulations, nor is it a regulation itself. In the event of a discrepancy, please refer to 40 CFR PART 60 Subparts AAA AND QQQQ, Sections 60.533 and 60.5475. This document may be revised periodically without public notice. If you have additional questions, please contact Rafael Sanchez at 202-564-7028 or via email at [sanchez.rafael@epa.gov](mailto:sanchez.rafael@epa.gov).

- ▶ The manufacturer of an affected wood/pellet heater/central heater model line must notify the Administrator of the date that certification testing is scheduled to begin by email to [WoodHeaterReports@epa.gov](mailto:WoodHeaterReports@epa.gov).
- ▶ This notice must be received by the EPA at least 30 days before the start of testing.

**GENERAL INFORMATION**

**Manufacturer's Name:** Travis Industries, Inc

<b>Appliance Type (Circle One):</b>	Adjustable Burn Rate Wood Heater				
<b>Hydronic Heater Type (Circle One):</b>	Traditional	Full Storage	Partial Storage	Indoor/Outdoor	Other:
<b>Forced-Air Furnace Type (Circle One):</b>	Small (less than 65,000 BTU/hr heat output)		Large (greater than 65,000 BTU/hr heat output)		Other:
<b>Fuel Type</b>	Cordwood			Other:	

**Model Name and Number:**  
Answer Hybrid

**Catalyst:** Yes ☒ No ☐

**Mailing Address:**  
12521 Harbour Reach Dr

**Street Address:**  
SAME

<b>City:</b> Mukilteo	<b>State:</b> WA	<b>ZIP Code:</b> 98275
<b>Phone:</b> 425-609-2500	<b>Fax:</b>	<b>Web Site:</b> <a href="http://www.travisindustries.com">www.travisindustries.com</a>

**Address of Manufacturing Facility:**  
SAME

<b>City:</b>	<b>State</b>	<b>ZIP Code:</b>
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**EPA APPROVED TEST LABORATORY**

**Name and Title of Authorized Representative:**  
Ken Morgan, Technical Services Director

**Company:**  
OMNI Test Laboratorie, Inc



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Russell McBrien Solid Fuel manager \_\_\_\_\_  
Print Name, Title of Authorized Official and Signature

\_\_\_\_5/14/2021\_\_\_\_\_  
Date

**Remarks:** this is an amendment to the 30 day notice sent 4/16/21

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